

# **EXHIBIT 43**

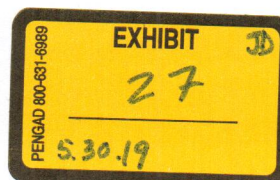


CORRECTIONAL CARE

## Beck Depression Inventory

Inmate Name: James Lyras DOB: 10/10/86 ID: 12010 Date Initiated: \_\_\_\_\_  
Please check the box that best matches you or your feelings most of the time.

3 2	1.	<input type="checkbox"/> I do not feel sad. <input type="checkbox"/> I feel sad. <input checked="" type="checkbox"/> I am sad all the time and I can't snap out of it. <input type="checkbox"/> I am so sad and unhappy that I can't stand it.
3 4	2.	<input type="checkbox"/> I am not particularly discouraged about the future. <input type="checkbox"/> I feel discouraged about the future. <input type="checkbox"/> I feel I have nothing to look forward to. <input checked="" type="checkbox"/> I feel the future is hopeless and that things cannot improve.
2 3	3.	<input type="checkbox"/> I do not feel like a failure. <input type="checkbox"/> I feel like I have failed more than the average person. <input checked="" type="checkbox"/> As I look back on my life, all I can see is a lot of failures. <input type="checkbox"/> I feel I am a complete failure as a person.
3 4	4.	<input type="checkbox"/> I get as much satisfaction out of things that I used to. <input type="checkbox"/> I don't enjoy things the way I used to. <input type="checkbox"/> I don't get real satisfaction out of anything anymore. <input checked="" type="checkbox"/> I am dissatisfied or bored with everything.
3 4	5.	<input type="checkbox"/> I don't feel particularly guilty. <input type="checkbox"/> I feel guilty a good part of the time. <input type="checkbox"/> I feel quite guilty most of the time. <input checked="" type="checkbox"/> I feel guilty all of the time.
3 4	6.	<input type="checkbox"/> I don't feel I am being punished. <input type="checkbox"/> I feel I may be punished. <input type="checkbox"/> I expect to be punished. <input checked="" type="checkbox"/> I feel I am being punished.
2 3	7.	<input type="checkbox"/> I don't feel disappointed in myself. <input type="checkbox"/> I am disappointed in myself. <input checked="" type="checkbox"/> I am disgusted with myself. <input type="checkbox"/> I hate myself.
3 4	8.	<input type="checkbox"/> I don't feel I am any worse than anybody else. <input type="checkbox"/> I am critical of myself for my weaknesses or mistakes. <input type="checkbox"/> I blame myself all the time for my faults. <input checked="" type="checkbox"/> I blame myself for everything bad that happens to me.
1	9.	<input type="checkbox"/> I don't have any thoughts of killing myself. <input checked="" type="checkbox"/> I have thoughts of killing myself, but I would not carry them out. <input type="checkbox"/> I would like to kill myself. <input type="checkbox"/> I would kill myself if I had the chance.
2	10.	<input type="checkbox"/> I don't cry any more than usual. <input type="checkbox"/> I cry more than I used to. <input checked="" type="checkbox"/> I cry all the time now. <input type="checkbox"/> I used to be able to cry, but now I can't cry even though I want to.





2	11.	<input type="checkbox"/> I am no more irritated by things than I ever was. <input type="checkbox"/> I am slightly more irritated now than usual. <input checked="" type="checkbox"/> I am quite annoyed or irritated a good deal of the time. <input type="checkbox"/> I feel irritated all the time.
2	12.	<input type="checkbox"/> I have no lost interest in other people. <input type="checkbox"/> I am less interested in other people than I used to be. <input checked="" type="checkbox"/> I have lost most of my interest in other people. <input type="checkbox"/> I have lost all of my interest in other people.
3	13.	<input type="checkbox"/> I make decisions about as well as I ever could. <input type="checkbox"/> I put off making decisions more than I used to. <input type="checkbox"/> I have greater difficulty in making decisions more than I used to. <input checked="" type="checkbox"/> I can't make decisions at all anymore.
2	14.	<input type="checkbox"/> I don't feel that I look any worse than I used to. <input type="checkbox"/> I am worried that I am looking old or unattractive. <input checked="" type="checkbox"/> I feel that there are permanent changes in my appearance that make me look unattractive. <input type="checkbox"/> I believe that I look ugly.
2	15.	<input type="checkbox"/> I can work about as well as before. <input type="checkbox"/> It takes an extra effort to get started at doing something. <input checked="" type="checkbox"/> I have to push myself very hard to do anything. <input type="checkbox"/> I can't do any work at all.
3	16.	<input type="checkbox"/> I can sleep as well as usual. <input type="checkbox"/> I don't sleep as well as I used to. <input type="checkbox"/> I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. <input checked="" type="checkbox"/> I wake up several hours earlier than I used to and cannot get back to sleep.
1	17.	<input type="checkbox"/> I don't get more tired than usual. <input checked="" type="checkbox"/> I get tired more easily than I used to. <input type="checkbox"/> I get tired from doing almost anything. <input type="checkbox"/> I am too tired to do anything.
	18.	<input checked="" type="checkbox"/> My appetite is no worse than usual. <input type="checkbox"/> My appetite is not as good as it used to be. <input type="checkbox"/> My appetite is much worse now. <input type="checkbox"/> I have no appetite at all anymore.
	19.	<input checked="" type="checkbox"/> I haven't lost much weight, if any, lately. <input type="checkbox"/> I have lost more than five pounds. <input type="checkbox"/> I have lost more than ten pounds. <input type="checkbox"/> I have lost more than fifteen pounds.
2	20.	<input type="checkbox"/> I am no more worried about my health than usual. <input type="checkbox"/> I am worried about physical problems such as aches, pains, upset stomach, or constipation. <input checked="" type="checkbox"/> I am very worried about my physical problems and it is hard to think of much else. <input type="checkbox"/> I am so worried about my physical problems that I cannot think about anything else.
2	21.	<input type="checkbox"/> I have not noticed any recent change in my interest in sex. <input type="checkbox"/> I am less interested in sex than I used to be. <input checked="" type="checkbox"/> I have almost no interest in sex. <input type="checkbox"/> I have lost interest in sex completely.

Inmate Name: Sam Long DOB: 10-10-86 ID: 012010

Score: 43 ☒ Step 2 sent to inmate

Scorer's Signature: Alyssa L. H. RN

Date: 11/5/17